Navy and Marine Corps
Medical News

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MEDNEWS Items of Interest

January marks National Volunteer Blood Donor Month. To locate a blood donation center near you go to the Armed Services Blood Program website: http://www.militaryblood.dod.mil/Donors/where_to_give.aspx

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: New Orleans (April 16-23), Nashville (May 7-13), Baltimore (June 13-19), Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17)

The annual 2012 MHS Conference is scheduled to take place at the Gaylord National Hotel and Convention Center at the National Harbor, Md. Jan. 30-Feb. 2, 2012.

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Did You Know?

Because of its isolation, U.S Naval Hospital Guantanamo Bay is the only Naval medical facility which offers Navy corpsmen the opportunity to train to become EMTs through the hospital.

SUPPORT TO THE WARFIGHTER

NEMTI begins Role 3 Kandahar training

From Navy Medicine Support Command Public Affairs

CAMP PENDLETON, Calif. – Nearly 200 active-duty and reserve Sailors scheduled to deploy to the world's busiest military trauma hospital began the first training session designed to fully integrate them as a medical team at the Naval Expeditionary Medical Training Institute (NEMTI) Jan. 9, marking the first time the entire staff of a forward-deployed medical facility began pre-deployment training together.

The NEMTI-sponsored Kandahar Role 3 Hospital course, a two-week effort designed to foster teamwork and build and hone medical skills specific to what U.S. military medical professionals might expect while on a nine-month deployment to the Role 3 Hospital at Kandahar Airfield in Afghanistan, represents the first U.S. Navy-led course effort to integrate NEMTI in the pre-deployment training pipeline for medical personnel, something NEMTI Officer-in-Charge Capt. Thomas Sawyer said is imperative for the continued success medical personnel have employed in contingency operations around the world.

"We are having the highest success of battlefield casualty survival," he said. "Training such as this can only serve to ensure that more of our Sailors, Soldiers, Airmen and Marines return home after serving in some of the most hostile environments in the world."

The term "Role" describes the tiers in which medical support is organized, with Role 3 describing the capabilities of

See TRAINING, Page 3

Photo by Petty Officer 1st Class Bruce Cummins/Released

CAMP PENDLETON, Calif. - Logistics Specialist 2nd Class Robert Colson and Hospital Corpsman 1st Class Cedric Gaines transport a patient during the tactical combat casualty care portion of the inaugural Kandahar Role 3 Operational Medical Training Progam. The program is designed to provide necessary current professional skills training before the nearly 200 service members participating in the course deploy to Kandahar's Role 3 Hospital.

Navy Medicine - Ready to answer all bells in 2012 and beyond

Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

The continuing assessment of the global demand signals coupled with fiscal realities has allowed both renewal and reshaping of strategic directions. I am confident that Navy Medicine is strong and is ready for the numerous challenges and opportunities ahead of us in the New Year. My goal as your new Navy surgeon general is to foster a culture of leadership at our headquarters in Washington, D.C., that leads and is responsive to your issues whether you serve at an MTF, on the deckplates of our warships or the battlefields around the world to maintain our ability to provide world class care, anytime, anywhere.

We live in dynamic times but we must remember that support to the warfighter and their families is our top priority. As such, it is even more vital that we align our medical capability with the strategic imperatives and direction of the Chief of Naval Operations and the Commandant of the Marine Corps. It is the responsibility of our leaders, myself included, to take their direction and vision and implement it into what we do each day around the world.

As we move forward, it is paramount that we also take a moment to look back and remember the sacrifices of the brave men and women of Navy Medicine have made during the past decade of combat operations. More than half of Navy personnel wounded in action and nearly one-third of those killed in action during these conflicts have been Navy Medicine, whether corpsmen or other medical personnel. These are staggering numbers and ones that I want to highlight and honor as these Sailors represent the very best of what we do—service and sacrifice.

The ability to be prepared to respond to the needs of our nation is inherent in our ethos. We need to maintain a persistent state of high readiness to support everything from kinetic action to humanitarian missions. One key to enhanced readiness as we move forward will be to find new ways to export lessons learned and best practices from our larger medical centers to our smaller healthcare facilities throughout the Navy Medicine global enterprise. Navy Medicine's hallmark has always been we are already there or we get there soonest! When the world dials 911, it is not to schedule an appointment, and I am proud of the Navy and Marine Corps team and our role in leaning forward in this effort.

The future is indeed bright for Navy Medicine. We have a international footprint which is an important part of our nation's diplomatic presence around the world. Navy Medicine is forward deployed with our warfighters overseas and our research units with our resident scientists providing a global health benefit around the world. Our personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a "Global Force for Good." Our work is also a key enabler of the maritime strategy in terms of direct support to the warfighter and our role in humanitarian assistance / disaster response missions. When our naval forces go forward into harm's way, we will be beside them as we have always done and be ready to care for all on- scene and when they return.

I am encouraged by the opportunities and the shaping that will occur as Navy Medicine moves forward through 2012 and beyond.

Photo by Mass Communications Specialist 1st Class Bruce Cummins/Released

CAMP PENDLETON, Calif. - U.S. Navy Surgeon General Vice Adm. Matthew L. Nathan shoots a course of fire at the Naval Expeditionary Medical Training Institute's Fire Arms Training System small arms simulator, Jan. 19. Nathan visited NEMTI to observe the Kandahar Role 3 Hospital course, a two week venture marking the first time the entire staff of a forward-deployed hospital engaged in predeployment training together.

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Navy Bureau of Medicine and Surgery

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Wounded Warrior receives Purple Heart at Portsmouth

By Mass Communication Specialist 3rd Class (SW) Anna Arndt, Naval Medical Center Portsmouth Public Affairs

Photos by Mass Communication Specialist 3rd Class (SW) Anna Arndt/Released

PORTSMOUTH, Va. - Marine Sgt. Matthew Berube is congratulated by Lt. Gen. Dennis J. Hejlik, commander, U.S. Marine Corps Forces Command, after being awarded the Purple Heart Dec. 29.

PORTSMOUTH, Va. - Naval Medical Center Portsmouth awarded a Purple Heart to a Marine during a ceremony Dec. 29.

Adm. John C. Harvey Jr., commander, U.S. Fleet Forces Command, presented Marine Corps Sgt. Matthew Berube the award before a group that included Lt. Gen. Dennis J. Hejlik, commander, U.S. Marine Corps Forces Command; Berube's wife, Lori; and fellow Marines and Sailors.

Berube, a rifleman squad leader with 1st Battalion, 6th Marines based at Camp Lejeune, N.C., was already a veteran of two combat deployments in Iraq when he deployed to Afghanistan in July. He was on a security patrol in the southern Sangin district of Helmand Province Sept. 17. Berube was walking behind three Marines, with others behind him, linking up with another squad in his platoon. While crossing a tree line infested with improvised explosive devices, Berube stepped on a pressure plate IED.

Two Marines near him suffered concussions. After stepping on the IED, Berube had to continue leading his squad, making sure no secondary IEDs were detonated while calling in his own medevac.

The explosion shattered Berube's heel bone and another bone in his foot. His ankle was fractured and shrapnel injured his leg. He immediately underwent surgery at the Camp Bastion Medical Treatment Facility and then medevaced to NMCP, arriving Sept. 22. Despite multiple efforts to save his leg, it was amputated due to complications and tissue death.

"It's nothing that you ever want to get," said Berube of the Purple Heart. "But I'm proud of it; I've gone through a lot. I'm just happy I lived to receive it."

"It's been hard. It's been long," Lori said of the 75 days he spent in NMCP's Orthopedics ward. "You can't change it; you just have to roll with the punches. I'm just so glad he made it home. It could have been a lot worse."

Berube is now staying at NMCP's Fisher House and looks forward to resuming his hobbies as soon as he gets his prosthetic. A native of Florida, he likes the water.

"I started surfing when I was 11, and it's something I've been doing ever since," said Berube, a seven year veteran. "When I get my prosthetic, it's something I plan to try out again and see if it works."

"He's pretty adamant about getting back in the water," Lori said. "With prosthetics now, there's really no limit to what you can do. It's something I can definitely see him doing."

TRAINING

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a theater-level hospital.

The course, designed by Navy Medicine Support Command (NMSC) in response to feedback received from previously deployed personnel including past and current commanding officers of the North American Treaty Organization-run Role 3 Kandahar Medical Facility, includes a variety of medical training courses. These courses include Trauma Combat Casualty Care (TCCC) and the Trauma Nurse Core Course (TNCC) as well as other specific trauma team training and courses on the clinical computer systems used in theater. Sawyer said these courses - along with the opportunity for these service members to work alongside one another from the beginning of their training - represents a shift in expeditionary medicine training.

"This type of training is a return to the EMF medical training specific for the Role 3 mission," he said. "Previous years training concentrated on IAs (Individual Augmentees) and the Kuwait-specific mission, but this will integrate all members of the next staff of the Kandahar Role 3 hospital together for training."

Rear Adm. Eleanor Valentin, NMSC commander, said, "U.S. military personnel are experiencing the lowest battle mortality rates in history. This is due largely to advanced medical personnel and the training they receive. The revitalized NEMTI training is designed to continue building on Navy Medicine's successes that have saved the lives of those injured in combat situations."

Service members completing the Kandahar Role 3 Hospital course will next complete military requirements at training sites such as Fort Dix, N.J., or Fort Jackson, S.C.

NEMTI, the premier U.S. Navy training facility for expeditionary medicine, reports to the Navy Medicine Operational Training Center (NMOTC) in Pensacola, Fla., and NMSC, headquartered in Jacksonville, Fla..

Navy Medicine announces new eyeglass frame

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Naval Medicine Logistics Command (NMLC) announced Jan. 19 that all active duty and Reserve personnel, including recruits will soon have a new standard issue eyeglass frame available.

Since 1990, military personnel and recruits have received standard issue S9 eyeglass frames, often jokingly referred to as "birth control glasses" or simply "BCGs." Not any longer.

"We are happy to announce that the New Year brings with it a new frame option for all personnel serving on active duty and in the Reserves," said Capt. Matt Newton, commanding officer of Naval Ophthalmic Support and Training Activity (NOSTRA) in Yorktown, Va. "Service members have told us that they like the appearance of the new frame. We are confident this frame will increase the likelihood that military personnel will continue to utilize their eyeglasses beyond boot camp."

Effective Jan. 1, the current cellulose acetate spectacle frame provided at all Armed Forces initial entry training sites began the transition from male and female, brown "S9" spectacles to a new, unisex, black "5A" frame.

The change stems from a study which was directed by the Military Health System's Optical Fabrication Enterprise (OFE) and coordinated by NOSTRA in order to find a suitable frame to add to the standard issue inventory. Selected samples were submitted to U.S. Army Public Health Command for review, and three frames were identified for user tests. Tests were conducted at Recruit Training Center Great Lakes, Ill.; Advanced Infantry Training, Camp Geiger, N.C.; Fort Sam Houston, Texas; Fort Knox, Ky. and U.S. Coast Guard Recruit Training Center, Cape May, N.J.

Surveys assessed functionality, durability and cosmetic appearance and the 5A frame was selected as the best option.

Initial deployment of the 5A frame will occur at all Armed Forces initial entry training sites. Within six months, the 5A frame will be made available to all active duty and Reserve service members with full implementation expected to be completed over a two-year period.

Courtesy photo

WASHINGTON - Naval Medicine Logistics Command (NMLC) announced Jan. 19 that all active duty and Reserve personnel, including recruits will soon have a new standard issue eyeglass frame available.

Retirees are currently eligible to receive standard issue S9, S91A and Half-Eye frames, and there will be no change to this authorization. However, over the next two years, the OFE will study the feasibility of providing 5A frames to retirees.

The OFE was established by Congressional mandate in 1996, with the U.S. Navy Surgeon General charged with managing the program. Upon the closure of the Army Optical Fabrication Laboratory at Fitzsimmons Army Medical Center, NOSTRA became a joint production lab with Army opticians augmenting Navy and civilian production staff. The OFE is guided by the Optical Fabrication Advisory Board which represents the Surgeons General of the Army, Navy and Air Force. A sampling of OFE initiatives includes managing the military Frames of Choice program, standardization of military combat eye protection inserts, introduction of a new submariner frame, and operational support with the deployment of the new M50 gas mask insert. For the last several years, the OFE has produced approximately 1.5 million pairs of spectacles and optical inserts annually for authorized military personnel.

Photo by Stacey Byington/Released

Navy Medicine EMT Training

GUANTANAMO BAY - Emergency Technician (EMT) trainees Hospitalmen Paul Boss and Kevin Corcoran carry simulated fall victim Hospitalman William Jennings during a field training exercise at Guantanamo Bay Jan.19. The trainees are halfway through a month-long course that will qualify them as nationally registered EMTs. Because of its isolation, U.S Naval Hospital Guantanamo Bay is the only Naval medical facility which offers Navy Corpsmen the opportunity to train to become EMTs through the hospital.

Navy Surgeon General observes training for deploying team

From Navy Bureau of Medicine and Surgery Public Affairs

CAMP PENDLETON, Calif. - The U.S. Navy's highest-ranking medical officer visited students at the Kandahar Role 3 Hospital course at Naval Expeditionary Medical Training Institute (NEMTI) Jan. 19 at Camp Pendleton.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and several senior Navy Medicine flag officers met the nearly 200 Sailors and officers undergoing the first pre-deployment training session for the entire staff of a forward-deployed medical facility, and discussed the important role the service members would play by staffing the world's busiest military trauma hospital in Afghanistan.

They visited the Navy's expeditionary medicine training facility and observed the NEMTI Role 3 Kandahar course's final exercise. During the exercise, students implemented the clinical skills they honed during the two-week course. Kandahar Role 3 students participated in a scenario-driven series of exercises, including staffing a fully equipped hospital receiving patients with traumatic injuries, implementing triage procedures, a simulated air strike, simulated improvised explosive device scenarios, MOPP level-4 drills, and a mass casualty drill, all designed to foster the teamwork the next staff at the Kandahar Role 3 hospital will employ.

The NEMTI-sponsored Kandahar Role 3 course - the first U.S. Navy-led effort to integrate NEMTI in the pre-deployment training pipeline for medical personnel - is designed to allow members of the next rotation of service members deploying to the world's busiest trauma hospital the opportunity to train together, something Nathan said is imperative.

"Care for the warfighter is why we exist," he said. "This is our top priority. Our combat casualty care capability represents a continuum of training from battlefield to bedside to rehabilitative care and support."

Kandahar Role 3 Hospital course students were exposed to numerous classes during the nearly three-week course. Day-long clinical skill station practical scenarios encompassing the variety of injuries deploying personnel could see, classroom lectures on ethics, and other medical-related hands-on and classroom material were taught by NEMTI staff.

Rear Adm. Eleanor Valentin, commander, Navy Medicine Support Command, who has oversight of Navy Medicine education and training including NEMTI, said efforts such as the Kandahar Role 3 Hospital course continue to prove integral to the overall success of supporting ongoing contingency operations around the world.

"This training was designed, foremost, to save lives," she said. "Lifesaving training has been and will continue to be the cornerstone of Navy Medicine Support Command's education and training mission. You can see the results of these efforts on the battlefield. U.S. military personnel in Afghanistan are experiencing the lowest battle mortality rates in history, due in large part to exceptional military medical personnel and their training. Our training is also realistic. Naval Expeditionary Medical Training Institute provides an environment and realistic training programs that help medical personnel prepare to deploy to save lives."

Service members completing the Kandahar Role 3 Hospital course, which began Jan. 7 and is scheduled to conclude Jan. 21, will next complete military requirements at training sites such as Fort Dix, N.J., or Fort Jackson, S.C.

Also observing this unique training program were Rear Adm. C. Forrest Faison, III, commander, Navy Medicine West and Naval Medical Center San Diego; Rear Adm. Colin G. Chinn, MC, director, TRICARE Regional Office - West; Rear Adm. Michael H. Anderson, MC, the medical officer to the Marine Corps; and Rear Adm. Charles Harr, deputy to the medical officer of the Marine Corps/ deputy director, Medical Corps, Reserve Component.

Photo by Mass Communications 1st Class Bruce Cummins/Released

CAMP PENDLETON, Calif. - U.S. Navy Surgeon General, Vice Adm. Matthew L. Nathan speaks during an Admiral's Call to staff and students at the Naval Expeditionary Medical Training Institute Jan. 19 at Camp Pendleton. Nathan and several senior Navy Medicine flag officers met the nearly 200 Sailors and officers undergoing the first pre-deployment training session for the entire staff of a forward-deployed medical facility, and discussed the important role the service members would play by staffing the world's busiest military trauma hospital in Afghanistan.

View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/

Portsmouth's Warrior Transition Unit opens

By Mass Communication Specialist (SW) 3rd Class Anna Arndt, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - A ribbon-cutting ceremony was held to officially open the Warrior Transition Unit at Naval Medical Center Portsmouth (NMCP) Jan. 6.

Rear Adm. Elaine Wagner, NMCP commander and Capt. Daniel Unger, Wounded Warrior Program manager cut the ribbon.

The unit takes advantage of an "overflow" inpatient area in the medical center that is used only when other wards are full. Now, when a Wounded Warrior is medevaced from overseas - often from the Landstuhl Regional Medical Center in Germany - the unit is activated and becomes the service member's first stop instead of the emergency room (ER).

The unit is a more subdued and less chaotic environment than the ER, and provides privacy for family members to re-unite with their injured service member.

"In many instances, Naval Medical Center Portsmouth is the first place where family members are able to see their loved ones after an injury or illness suffered during a deployment or other overseas duty," said Wagner. "This area is far more conducive to those private emotionally charged reunions than an open bay in the Emergency Department."

Many of the patients in the unit have been wounded by improvised explosive devices. The most common injuries are orthopedic, thoracic, mental health and vascular. Medevac patients who need pain medication typically receive low dose during the flight. Their pain is addressed immediately upon arrival to the unit.

"This is a full-service Warrior Transition Unit," said Capt. Thomas Craig, Operational Forces medical liaison, who came up with the idea for the unit. "The whole idea is that whatever needs the warriors have are met when they come here. The beauty of it is that [the unit] is completely flexible.

"We know four to five days out from when the patient arrives what they need. We have at least three days to prepare so we can custom tailor it to their needs," Craig said.

Before the creation of the Warrior Transition Unit, Wounded Warriors who were being evaluated could spend several hours waiting in the Emergency Department.

"When they were being treated in the ER their stays usually lasted about six hours; now the longest stay we have had was one hour and 44 minutes," said Craig. "Now they come straight up here where it is calm and quiet and they each have their own individual room."

Photo by Mass Communication Specialist (SW) 3rd Class Anna Arndt/Released

PORTSMOUTH, Va. - Rear Adm. Elaine Wagner, Naval Medical Center Portsmouth commander, and Capt. Daniel Unger, Wounded Warrior Project Manager, left, cut the ribbon to officially open the new Warrior Transition Unit Jan. 6. Lt. Gen. Dennis J. Hejlik, commander, U.S. Marine Corps Forces Command, third from left, and Adm. John C. Harvey Jr., commander, U.S. Fleet Forces Command, right, also attended the ribbon cutting.

After patients are evaluated in the transition unit, they will either be admitted to one of the inpatient units, or, depending on their individual medical needs, transition to the Patriots' Inn, the Medical Hold Barracks or even their own homes for outpatient services.

"This unit is very much focused on the Wounded Warrior to meet all their needs and their families' needs," said Unger, the program manager. "I think it's awesome. I think it's the first step in developing a world-class wounded warrior care program here."

The unit has served 23 Wounded Warriors since it opened Oct. 15, 2011.

Photo by Capt. Michael Lovas/ Released

Navy Medicine Training

CAMP VIRGINIA, Kuwait - Hospital Corpsman 2nd Class Matthew Hawkins from the Ridgecrest, Calif., based 2515th Air Ambulance Detachment receives the hand-off of a simulated patient from St. Cloud, Minn., native Spc. Tyler Sparks, a combat medic from the Brainerd, Minn. based 1st Combined Arms Battalion, 194th Armor, 1st Brigade Combat Team, 34th Infantry "Red Bull" Division, during medical evacuation training at Camp Virginia, Kuwait, Jan. 11, 2012. The injured soldier was role-played by Staff Sgt. Clint Leblanc, a mechanic from Little Falls, Minn. Soldiers were able to practice treating a patient, coordinating with a Navy SH-60 Sea Hawk air ambulance helicopter crew to request assistance and simulate handing off a patient to the crew for follow-on care.

Dayton lab blazes trail in unmanned systems research

By Dr. Rick Arnold, Naval Medical Research Unit-Dayton

DAYTON, Ohio - Recently researchers at the Naval Medical Research Unit-Dayton (NAMRU-Dayton) have positioned the laboratory to take a leading role in Navy and Department of Defense unmanned systems human factors research.

In the late 1990s, the Naval Aerospace Medical Research Laboratory (NAMRL) conducted early research on selection testing of RQ-2 Pioneer Unmanned Aircraft Systems (UAS) operators. After moving to Wright-Patterson Air Force Base last year to become the Aeromedical Directorate of NAMRU-Dayton, the lab continues to be a leading force in Navy and DOD UAS human factors research.

NAMRU-Dayton hosted a tri-service workshop on UAS human factors research, development, test, and engineering (RDT&E), Nov. 7-8, 2011. A range of critical research topics were identified over the course of the workshop. Among the most pressing issues identified was the need for new research on UAS operator and crew selection.

Though the previous NAMRL research was quite successful in developing effective tests to select qualified Pioneer UAS operator candidates, the significant changes that have occurred in UAS vehicles, interfaces and concepts of operations during the intervening decade, coupled with the retirement of Pioneer in 2007, suggest the tests proven effective previously may no longer be relevant for selecting operators of such advanced systems as AACUS, BAMS, Fire Scout or UCLASS.

Photo by Photographer's Mate 2nd Class Daniel J. McLain/Released

DAYTON, Ohio - Two Sailors assigned to the "Firebees" of Fleet Composite Squadron Six (VC-6), wait for the signal to release an RQ-2B Pioneer Unmanned Aerial Vehicle prior to its flight demonstration.

To address this uncertainty, NAMRU-Dayton researchers, in collaboration with researchers at the Naval Air Warfare Center (Aircraft and Training System Divisions), recently conducted a large-scale job-task analysis spanning multiple unmanned air vehicles and crew positions, including BAMS, BAMS-D, Fire Scout, Raven-B, Shadow, Scan Eagle, and others.

The project has recently concluded, and preliminary results suggest that operators of these newer systems are required to possess a very different skill set from their Pioneer predecessors. Preliminary analyses suggest that UAS operator knowledge, skills, abilities and other personal characteristics (KSAOs) related to communication, teamwork and decision making play the most significant roles in cur-rent UAS operations. Across all platforms studied, the top-rated operator KSAOs included such traits as oral comprehension, oral expression, team-work skills, written comprehension, dependability, accountability, self-discipline, critical thinking and task prioritization. In contrast to critical Pioneer KSAOs, physical and psychomotor skills were found to be relatively less important. For example, hand-eye coordination, a skill critical for operation of the Pioneer vehicle, ranked only 59th of 66 KSAOs rated in this recent study of advanced and highly automated unmanned systems.

Courtesy photo

In the late 1990s, the Naval Aerospace Medical Research Laborator developed an operator selection test for the RQ-2 Pioneer.

Greenert: Navy advances Asia-Pacific partnerships

By Donna Miles, American Forces Press Service

WASHINGTON - The Navy is working to bolster existing partnerships and forge new ones in Asia and the Pacific, an initiative that supports U.S. Pacific Command's overarching goals in implementing the new defense strategic guidance, the service's top officer said here yesterday.

Adm. Jonathan W. Greenert, chief of naval operations, told a forum at the Center for a New American Security that the Navy will focus largely on relationships -- rather than a naval buildup in the region -- to support President Barack Obama's strategic guidance.

The new strategic guidance, announced last week to guide the military through 2020, underscores the growing strategic importance of Asia and the Pacific.

Greenert noted that the Navy will need to review its numbers of ships, aircraft and equipment and how they are distributed around the world in light of the new guidance.

"But my first assessment is we're in good shape in the Navy where we stand in the Western Pacific," he said.

He noted the strong naval presence already there. "On any given day, ... we have 50 ships underway in the Western Pacific," he said, with about half of those forward-deployed naval forces in and around Japan.

"But my first assessment is we're in good shape in the Navy where we stand in the Western Pacific."

-Adm. Jonathan W. Greenert, Chief of Naval Operations

"We put our best in the Western Pacific," he said. This includes not only "the most advanced air wing we have, the most advanced cruisers and destroyers, ordnance [and] anti-submarine warfare," he said, but also carefully screened commanders and Sailors.

Emphasizing the need for the U.S. Navy to be "tangibly present out there," Greenert said it enhances that presence by continuing to nurture partnerships and potential partners.

"There are many out there, and they are growing, through a range of missions that we will have to foster," he said, some through closely integrated operations and some in a more ad hoc manner.

Greenert also expressed a need to continue dialogue and work toward a relationship with China.

Navy Adm. Robert F. Willard, U.S. Pacific Command commander, struck these same notes earlier this week during an address to the Hawaii Military Partnership Conference.

U.S. relationships with Asian allies and key partners will remain critical to the region's future stability and growth, he said. So while strengthening existing alliances that have provided a vital foundation for regional security, Willard said, the United States also will strive to forge closer ties with emerging regional partners.

Fleet Surgical Team supports Makin Island medical missions

By Mass Communication Specialist 2nd Class (SW) Alan Gragg, Amphibious Squadron 5 Public Affairs

USS MAKIN ISLAND, At sea - Medical personnel assigned to Fleet Surgical Team (FST) 5 briefed Marine Corps pilots about medical evacuation procedures aboard amphibious assault ship USS Makin Island (LHD 8), Jan. 6.

Personnel from FST-5, a key unit assigned to the Makin Island Amphibious Ready Group (ARG), demonstrated how casualties are handled in flight when being flown to the ship on a medical evacuation for treatment or flown off the ship as part of a casualty evacuation.

Lt. Jonathan Levenson, FST-5's critical care nurse, led the training for pilots assigned to Marine Medium Helicopter Squadron (HMM) 268 (Reinforced), and also gave them a tour of the ship's medical facilities.

"I believe it is important to let the pilots and crew chiefs know how important they are within the entire medical evacuation process," said Levenson. "They are a big reason why we are able to maintain a high survival rate throughout the continuum of care that has the potential to move a patient more than 7,000 miles without clinically compromising the patient's condition."

Levenson used a variety of training materials to educate the pilots.

"I like to show the pilots some unedited pictures of what is under the bandages of our most critical patients they transport, to help emphasize this point," added Levenson.

Cmdr. Eric Stedje-Larsen, FST-5's officer-in-charge and commander, Amphibious Task Force surgeon, said lending a hand during evolutions like this is nothing new for his team.

"The robust training we have done with the Marines and the rest of the ARG has created a cohesive system to care for injured patients," said Stedje-Larsen. "It takes a team to care and move patients throughout all our areas of operation."

Stedje-Larsen said that testing and demonstrating FST-5 capabilities with the other units that make up the Makin Island ARG enhance function ability and ultimately leads to better care.

"In our business, the 90 percent solution is not enough," said Stedje-Larsen.

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Photo by Mass Communication Specialist 2nd Class Alan Gragg/Released

GULF OF ADEN - Medical personnel evaluate a simulated patient during a medical evacuation drill aboard the amphibious assault ship USS Makin Island (LHD 8), Jan. 5. Makin Island and embarked Marines assigned to the 11th Marine Expeditionary Unit (11th MEU) are deployed supporting maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.

Former NFL players help Marines, Sailors tackle stress

By Lance Cpl. Michelle S. Mattei, Marine Corps Base Camp Pendleton

CAMP PENDLETON, Calif. — For an NFL player, a multi-million dollar contract may seem like it takes care of everything in comparison to the average Marine's daily lifestyle and pay check.

What some may not realize, however, is that the lifestyle of a professional football player and a service member are not as different as they seem.

"Being an [NFL player] is a very structured environment; kind of like the military," said Skip Kicks, a former running back for the Washington Redskins. "You never have to think about things like health insurance, in case you get hurt or sick. The transition [from the NFL] was a huge culture shock."

Hicks, along with other former players from the NFL Players Association came to Camp Pendleton's South Mesa Club to discuss common reintegration challenges service members are faced with as well as the tools and resources available to address them, Jan. 15.

The "Game Day" event was hosted by the Real Warriors Campaign, an initiative of the Defense Centers of Excellence for Psychological Health and traumatic brain injury, to help former NFL players join Marines, sailors and their families to watch football, socialize and discuss the importance of reaching out for support during life transitions.

"The NFL Players Association finds local players or players who are interested, that want to help," said Cmdr. George Durgin, resilience division chief of the Defense Centers of Excellence. "They come here because they want to share what happens to them and encourage Marines to seek help if they need it."

Hicks explained how pride can often times get in the way of seeking out help or guidance during stressful times.

"Don't ever be afraid to ask for help," Hicks said. "It's okay to ask; if you don't, your pride will kill you. Always listen to your family members and the people around you because they will tell you the truth. If they are telling you there is a problem, listen to them."

Durgin, who served in Desert Storm, said he was faced with Post-Traumatic Stress Disorder when he returned from deployment.

"I reached out for help because I knew I needed it," he said.

Photo by Lance Cpl. Michelle Mattei/Released

CAMP PENDLETON, Calif. - A marine plays pool during a "Game Day" event hosted by the Real Warriors Campaign at Camp Pendleton's South Mesa Club, Jan. 15. Former players from the NFL Players Association came to base to discuss common reintegration challenges service members are faced with as well as the tools and resources available to address them.

"Don't be afraid to ask for it. The [Real Warriors Campaign] helps with all types of issues, not just PTSD. Any type of daily stressor can impact and Marine at any time, and we're here to help them recover."

Lance Cpl. Clark Sabo, a telephone and computer system repairman with Combat Logistics Regiment 17, suffered from a nerve disease in June 2011 that attacked his back and shoulder nerves.

"I can't lift my arm above my shoulder and I have to walk with crutches," Sabo explained. "You can't repair nerve damage."

Sabo said that after attending the event he's now more aware of the programs available to service members to help with their life transitions as well as recovery for any type of injury or illness.

"The important part about today was just knowing that we can reach out to [service members] and encourage them to talk about their problems," said Hicks. "I'll feel fulfilled knowing that I at least made an impression on one person and hopefully from there it will have the domino effect."

TEAM

From page 8

"We need 100 percent, every time."

The mission of a fleet surgical team is to deploy with medical and surgical capabilities in support of the ARG, as well as supporting contingency operations.

FST-5 is comprised of medical and surgical professionals with mission critical specializations designed to supplement Makin Island's medical department with medical specialists, said Stedje-Larsen.

Members consist of a medical regulating and coordinating officer, senior enlisted leader, general surgeon, family practice physician, anesthesia provider, critical care nurse, operating room nurse, two surgical technicians, two laboratory technicians, one respiratory technician, two general corpsman, and one radiology technician.

In addition to Makin Island, FST-5 has detachments aboard the other two ships assigned to Amphibious Squadron (PHIBRON) 5, amphibious transport dock ship USS New Orleans (LPD 18) and amphibious dock landing ship USS Pearl Harbor (LSD 52).

PHIBRON 5 elements, along with the 11th Marine Expeditionary Unit, make up the Makin Island ARG.

Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160 or Valerie.Kremer@med.navy.mil

Military match and the importance of primary care

Courtesy photo

By Lt. Kevin Bernstein, M.D., M.M.S., Family Medicine Resident at Naval Hospital Pensacola, Fla.

Now that the holidays are over, the excitement of winter cheer is exchanged for a different kind of excitement for all of those waiting for the results of the Graduate Medical Education (GME) Selection Board (aka "military match").

The GME Selection Board is used to determine where senior medical students and Navy physicians currently in residency training or out in the fleet will continue with their medical training within internships, residency programs, fellowships, flight/dive medicine, or in the fleet as general medical officers.

As someone highly involved in promoting primary care, this time of year is also very exciting for me because of how competitive the Navy's match is for family medicine residency positions each year.

With only six months of residency training, I can already tell how much the Navy appreciates family medicine as a specialty as well as primary care as a whole. Look no further than the Medical Home Port program to justify how much the Navy is devoted to providing up-to-date, evidence-based, cost-effective care to our sailors. In order to offer high-level care, it is imperative that the Navy invests in producing a highly-functioning and capable primary care workforce. In comparison to medical training within the civilian community, the Navy produces an optimal primary care and specialty workforce ratio for our active duty, retirees, and dependents. This allows for the optimization of primary care access without the fragmentation and over-reliance of specialty care that is currently occurring in the civilian world.

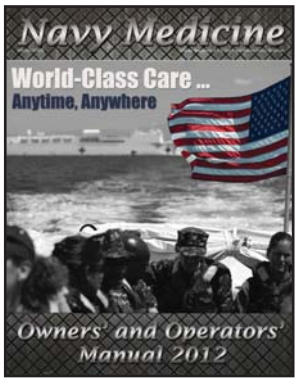
Young medical officers choosing their specialties are taking notice to the practice redesign occurring by those involved with Medical Home Port implementation. In fact, the Uniformed Services University of the Health Sciences (USUHS) is consistently honored by the American Academy of Family Physicians as being ranked in the top 10 of all medical schools throughout our country in its percentage of graduating seniors choosing to become family physicians, the only specialty solely dedicated to providing primary care. With implementation of Medical Home Port, a concept that is being implemented as the patient-centered medical home in the civilian world, those choosing family medicine in the Navy can be confident that their training for practice will allow them for smooth transition to civilian practice when and if they decide to leave the military.

Here at my family medicine residency program at Naval Hospital Pensacola, we had a very successful match, selecting candidates to fill all of our GME-1 and 2 slots with highly talented naval medical officers, including several graduating medical students, several current residents continuing through with residency training as well as those coming back from the fleet to continue their training and eventual board certification in the specialty of Family Medicine. As one of several sites in the entire military with Level 3 NCQA recognition as a Medical Home (the gold standard for medical home certification and highest level functioning medical home rating), our residency program is highly attractive to those seeking medical training within a transformed practice setting performing at the highest level achievable for preparation to practice family medicine in the fleet as well as in the community. We are looking forward to their arrival aboard!

"In the military, we are blessed to have a community that truly recognizes the importance of primary care."

- LT. Kevin Bernstein
Family Medicine Resident
Naval Hosoital Pensacola

In the military, we are truly blessed to have a community that truly recognizes the importance of primary care. This is reflected in the choices that our Naval Medical Officers make when selecting family medicine as their profession and career. Bravo Zulu to all those who matched!



Have you checked out the Navy Medicine 2012 Owners' and Operators' Manual?

View it on Issuu: http://issuu.com/navymedicine/docs/o_o

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